

Case Number:	CM14-0025928		
Date Assigned:	06/04/2014	Date of Injury:	01/16/2009
Decision Date:	08/11/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records, presented for review, indicate that this 53-year-old individual was reportedly injured on January 16, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 23, 2014, indicated that there were ongoing complaints of right elbow pain and fibromyalgia. The physical examination demonstrated a decrease in right elbow range of motion, tenderness to palpation and some swelling about the right knee. Diagnostic imaging studies were sought. Previous treatment included a home traction, multiple medications, physical therapy and other conservative care. A request was made for a Transcutaneous Electrical Nerve Stimulation (TENS) unit and accessory supplies and was not certified in the pre-authorization process on January 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

Decision rationale: The MTUS recommends against using a Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial

must be documented prior to purchase of the unit. Based on the clinical documentation provided, the Transcutaneous Electrical Nerve Stimulation (TENS) unit is being used as a primary treatment modality and there was no documentation of a previous one-month trial. Furthermore, there was no objectified efficacy with the use of this device. As such, the request for purchase of a TENS unit is not medically necessary.

ELECTRODES PACKS - #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

Decision rationale: It is noted that the underlying request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit was determined to not be medically necessary. Therefore, the purchase of accessory items is also noted not medically necessary.

ADHESIVE REMOVER TOWEL MINT - #24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

Decision rationale: It is noted that the underlying request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit was determined to not be medically necessary. Therefore, the purchase of accessory items is also noted not to be necessary.

ALKALINE BATTERY - #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

Decision rationale: It is noted that the underlying request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit was determined to not be medically necessary. Therefore, the purchase of accessory items is also noted not to be necessary.

TT & SS LEADWIRE #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

Decision rationale: It is noted that the underlying request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit was determined to not be medically necessary. Therefore, the purchase of accessory items is also noted not to be medically necessary.